Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

## AMENDED STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$15 payable to SECRETARY OF STATE

Telephone #

	FAX #
The undersigned Limited Liability Partnership hereby	y amends its statement of qualification under SDCL 48-7A.
The name of the limited liability partnership is	
Note: This must be the exact name as on file.	
2. If changing names, the new name is	
The name shall contain the words "Registered Limited Liability Partr "LLP" as the last words of the name	nership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or
3. The amendment to the statement of qualification is:	
I declare under penalty of perjury that the contents of the least two partners.	above statement are accurate. Statement must be signed by at
Dated	(Signature of a partner)
	(Signature of a partiter)
	(Printed Name)
	• • • • • • • • • • • • • • • • • • • •
Dated	
	(Signature of a partner)

(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

domesticllpamendment April 2012